

Working Draft

A letter to the Health Deputies of the Los Angeles County Board of Supervisors Concerning Access to Health Care for Women in LA County Provided by the Health Committee LA County Commission for Women

Our Task:

The Los Angeles County Commission for Women Health Committee's task was to examine how Affordable Care impacted access to health care for the women within the county.

Our Committee:

The composition of the LACCW Health Committee represents a broad range of health care professionals and advocates who met quarterly during 2014-2016. Attending were women representing: Los Angeles County Office of Women's Health, South Bay Family Health Care, Blue Zones Project of Beach Cities Health District, Torrance Memorial Medical Center Board of Directors, Jewish Family Service of Los Angeles, Soroptimist International, American Heart and Stroke Association, American Cancer Society, Los Angeles County Commission for Women and members with expertise in registered nursing, mental health, health education and prevention, and health resource libraries.

Our Findings:

Mount St Mary's statistics reported that in 2010, 80% of women in Los Angeles County were insured for health services. By mid 2016, 86% were. The Kaiser Family Foundation last week reported that presently, 72% of those uninsured at the beginning of 2014 had health insurance. Additionally, 78% of those eligible through Covered California have obtained insurance. While 7 in 10 of the still uninsured are Latina, and 1 in 3 are ineligible due to their immigration status. With the passage of Senate Bill 4 (SB4) children of those undocumented gained access to health insurance.

As of the mid 2016 statistics from The Kaiser Family Foundation: 33% obtained MediCal managed care insurance, 21% received health coverage from their employers, and 11% were provided care through Covered California. Covered California reported that of the 1,149,000 insured through the exchanges in 2015, 7 of 8 were subsidized by government funding. Nationally, last insurance cycle showed an increase of 18-24 year olds becoming insured (29% to 37%). Cost still plays a part in lack of insurance with nearly half of those interviewed by the Kaiser Family Foundation (47%) indicating that the insurance was too expensive.

Overall there was a significant increase in coverage through efforts to directly reach targeted populations. However, there are still a number of barriers to both insuring those uninsured and eligible and engaging those recently insured in the proper use of their health coverage.

Our Concerns:

Many newly insured lack "insurance literacy". Initially more than 40% of this population lacked a medical home for health services. Presently, more of those insured (75%) have found primary care services. But confusion with the process and literature continues to challenge the newly insured. With one goal of moving health care to a primary care physician rather than emergency services, it was noted that one community hospital (TMMC) saw an increase in Emergency Department use from 65,000 in 2012 to 78,000 in 2015. Further, primary care physicians have a significant patient load

with one primary care physician for every 1700 persons in the county. Both longer times to schedule appointments and long wait times at the office attest to the increased patient load.

Long - term affordability of health insurance for those not subsidized can affect the middle class. The Los Angeles Times reported recently that rates for the 2017 year could rise as much as 17% and noted that insurance premiums increased 4 1/2% in 2015 and 4% in 2016. Additionally both higher deductibles and increased co-pays are expected.

Our Suggestions:

Continue to outreach into the communities where insurance is needed. With 224 languages spoken in the county, both language and cultural sensitivity is needed to reach these uninsured. The use of Promotores and older children within families can help to eliminate fear, address stigma and encourage support for insuring. Reaching uninsured populations where they shop or worship is suggested.

- Once insured, ongoing support is needed to detail and incentivize how to use coverage, find a medical home, and appropriately access providers.
- Support is needed to teach the use of technology.
- Messaging to this population is essential as is the need to generate trust.
- Incentivize the use of the medical home instead of the hospital system.
- Provide childcare and free transportation options.
- Explore the use of trained volunteers to assist with these efforts.
- Co-locate aligned services (e.g. physical and mental health) to make access more seamless and easier.
- Offer classes in parenting to the pregnant and early childhood populations.

On the provider side, increasing the number of primary care providers and the scope of practitioners who can provide those services would significantly ease the burden on the current health care systems.

- Incentivize college students to go into medicine, nursing, and aligned medical fields.
- Provide more locations to train Nurse Practitioners. Reevaluate the training model for lower level primary practitioners so they can provide early screenings.
- Decrease the time to pay practitioners for subsidized services.
- Continue to focus efforts on translation and technology to assist those newly engaged in order to keep them in the system.

Our Conclusions:

The expansion of health care to women in our county has had notable good success. But with the launch of Covered California, diligent effort to constantly improve support is needed. By monitoring issues and addressing solutions through a systematic and responsive process, the support to maintain access to health care for all women of Los Angeles County can improve.